



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 2795		2. Name of Corporation BRENNAN OIL & HEATING CO., INC.			
3. Street Address Principal Business Office 9 Tag Drive			City No. Providence	State R.I.	Zip 02911
4. Business Phone No. (401) 353-4210		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island Fuel oil business					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dennis R. Brennan			Vice President Name Gail Brennan		
Street Address 30 Esther Drive			Street Address 30 Esther Drive		
City No. Providence	State R.I.	Zip 02911	City No. Providence	State R.I.	Zip 02911
Secretary Name Gail Brennan			Treasurer Name Dennis R. Brennan		
Street Address 30 Esther Drive			Street Address 30 Esther Drive		
City No. Providence	State R.I.	Zip 02911	City No. Providence	State R.I.	Zip 02911
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Dennis R. Brennan			Director Name Christopher Brennan		
Street Address 30 Esther Drive			Street Address 718 High Street		
City No. Providence	State R.I.	Zip 02911	City Cumberland	State R.I.	Zip 02864
Director Name Oscar Placco			Director Name		
Street Address 28 Thayer Street			Street Address		
City Providence	State R.I.	Zip 02906	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR VALUE	100	SHS COMMON	NO PAR

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date: **MAR 28 2008**

Check No. **DS 64413**

By: **DS 64413**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Gail Brennan 03/07/08
Signature Date
GAIL BRENNAN
Print or Type Name
Vice President
Title